

NAME: Request of Level Change (Policy Section 501.12.3.1 N)

PURPOSE: To assess an ADW member's need for an increase in their Service Level if the member is a service level A, B, or C and **only** when there is a substantial change in the member's medical condition.

Note: Members who are appealing a denial of medical eligibility will remain at their current Service Level pending a Fair Hearing decision. APS Healthcare/IRG will not review a request for an increased Service Level for such members.

1. Document Member information:

- Members First and Last Name
- Address to include street, city, State and Zip Code
- County
- Legal Representative, If applicable
- Phone Number
- Member/Legal Representative must sign request
- Enter current PAS date

2. Document Agency Information:

- Agency Name
- Address to include street, city, State and Zip Code
- Phone Number
- Fax Number
- RN must sign and date request

3. The required following documents must be submitted with the **Request For Service Level Change**:

- A completed copy of the **Request For Service Level Change** with original signatures, *i.e., "signature of member on file" is not acceptable.*
- A narrative explaining the need for Service Level Change.

- A physician statement explaining the need for Service Level Change and must be on the physicians letterhead. Applicable Lab results, hospital discharge summary dated no later than 1 month prior to, or 1 month following, the request for an increased Service Level.
 - Current ADW PAS
 - Current Plan of Care or Participant Directed service Plan
 - Proposed Service Plan Addendum
4. Information that **will not** be considered includes:
- Verbal or telephonic statements.
 - Letters from family, neighbors, friends, or Case Management and Personal Assistance/Homemaker staff **without** an attached physician's documentation or hospital discharge summary.
5. A completed Request for Service Level Change with all required documentation **must** be submitted to APS Healthcare/IRG for review in order to determine whether additional hours are warranted. This request may or may not result in a change in the Service Level. ***Send all required documents to: Innovative Resource Group, 100 Capitol Street, Suite 600, Charleston, WV 25301. Fax: 866-521-6882***
6. Notice of the determination will be sent to the Member (or legal representative) and the Personal Assistance/Homemaker Agency, or if a Personal Option member, to PPL.
7. The Personal Assistance/Homemaker Agency **must** notify the appropriate Case Management Agency of the Service Level determination.